

FEDERAL COMMUNICATIONS
COMMISSION

FOR
FCC
USE
ONLY

APPLICATION FOR COMMERCIAL RADIO OPERATOR LICENSE

(OTHER THAN RESTRICTED RADIOTELEPHONE OPERATOR PERMIT)

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

1. Applicant Name (Last Name) (Suffix)			(First Name)		(Middle Initial)	
2. (a) Number and Street address						
(b) Street address continuation						
3. City			4. State	5. ZIP Code		
6. Date of Birth		7. Payment Type Code	8. Quantity	9. Fee Due	FCC USE ONLY	
Month	Day	Year	1	\$		

10. Internet Address


11. Do you hold a valid FCC Commercial Radio Operator License(s) or an expired license (except General Radiotelephone Operator License) within the five year grace period? If "YES", list the license(s) held below. Renewal applicants must list data from expiring permit or certificate.					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Class	Endorsement	License Number	Date Issued	Place Issued		

12. I hereby apply for: (Check appropriate boxes)		
<input type="checkbox"/> New	<input type="checkbox"/> General Radiotelephone Operator License	<input type="checkbox"/> Ship Radar Endorsement
<input type="checkbox"/> Modification	<input type="checkbox"/> GMDSS Radio Operator License	<input type="checkbox"/> Six Months Service Endorsement
<input type="checkbox"/> Renewal	<input type="checkbox"/> GMDSS Radio Maintainer License	
<input type="checkbox"/> Duplicate/ Replacement	<input type="checkbox"/> GMDSS Radio Operator/Maintainer License	
	<input type="checkbox"/> Marine Radio Operator Permit	
	<input type="checkbox"/> Radiotelegraph 1st Class	
	<input type="checkbox"/> Radiotelegraph 2nd Class	
	<input type="checkbox"/> Radiotelegraph 3rd Class	

I CERTIFY that:

- * I am legally eligible for employment in the United States.
- * I do not have a speech impediment, blindness, acute deafness or any other disability which will impair or handicap me in properly using the license for which I am applying.
- * Neither the applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.
- * I am the above-named applicant and that all statements made on this application and any attachment hereto are true and complete to the best of my knowledge.

Willful false statements made on this form are punishable by fine and/or imprisonment (U.S. Code, Title 18, Section 1001), and/or revocation of any station license or construction permit (U.S. Code, Title 47, Section 312(a)(1)), and/or forfeiture (U.S. Code, Title 47, Section 503).

	Signature of Applicant	Date Signed
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Telephone number where you can be reached during daytime hours (optional): Area Code () Number -
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NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1995

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes (for example, fraudulent applications), it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form, with the exception of birthdate, will be available for public inspection. If information requested on the form is not provided, processing of the application may be delayed or the application may be returned without action pursuant to Commission Rules. The foregoing notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974, 5 U.S.C. Section 552a(e)(3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.

INSTRUCTIONS

Use FCC Form 756 to apply for a:

- * **New, Duplicate, Replacement or Renewal (If appropriate)**
 - Marine Radio Operator Permit
 - General Radiotelephone Operator License
 - First, Second or Third Class Radiotelegraph Operator Certificate
 - GMDSS (Global Maritime Distress Safety System) Radio Operator License
 - GMDSS (Global Maritime Distress Safety System) Radio Maintainer License
 - GMDSS (Global Maritime Distress Safety System) Radio Operator/Maintainer License
- * **Modification to add**
 - Ship Radar Endorsement
 - Six Months Service Endorsement

RENEWAL APPLICANTS: Enclose with this application the original or a photocopy of expiring license, permit or certificate. Renewal can not be granted if received by the Commission's Gettysburg office more than 5 years past the expiration date of your document.

If requesting a duplicate or replacement license, attach a separate letter of explanation.

INSTRUCTIONS FOR COMPLETING APPLICATION

Item 1: Type or legibly print your full LEGAL name, LAST NAME FIRST.

Items 2 - 5: Type or legibly print your complete U.S. MAILING address. Be sure to include apartment, box or office suite as appropriate. Use your 9 digit ZIP code.

Item 6: Complete to show month, day and year of birth. Use digits for month in date of birth (i.e., 09-20-44).

Items 7-9: Applicants for Renewal or Duplicate/Replacement should refer to the Wireless Telecommunications Bureau Fee Filing Guide to determine the Payment Type Code (enter in Item 7) and the fee due (enter in Item 9). Please make your check or money order payable to FCC. Do not send cash. There is no fee due when filing an application for a General Radiotelephone Operator License or a Ship Radar Endorsement and/or Six Months Service Endorsement.

Item 10: If available, provide an Internet address where you can be contacted with questions about your application.

Item 11: Check "YES" or "NO" block. Applicants filing for Modification, Renewal or Duplicate/Replacement must complete the blocks below this question.

Item 12: Check either "New", "Modification", "Renewal" or "Duplicate/Replacement" block (one ONLY). Check either "General Radiotelephone Operator License", "GMDSS Radio Operator License", "GMDSS Radio Maintainer License", "GMDSS Radio Operator/Maintainer License", "Marine Radio Operator Permit" or appropriate "Radiotelegraph" block (one ONLY). Do not apply for more than one kind of license on a single application. Check Modification and one or both of the "Endorsement" blocks if applying for an endorsement. You must submit required documentation for the Six Months Service Endorsement. If applying for renewal or a duplicate, check appropriate endorsement(s). Applicants for a new license and/or endorsements must attach an original Proof of Passing Certificate(s) from a certified COLEM and copies of other documents that show applicant is eligible for examination credit. Modification is to be checked ONLY if adding the Ship Radar Endorsement and/or Six Months Service Endorsement.

Sign and date your application.

SPECIAL INSTRUCTIONS FOR RADIOTELEGRAPH APPLICANTS

Include with your application TWO identical passport type photographs taken within the past six months. Photographs must be: *

- * Signed by the applicant on the front along the left side. Signature must be clearly visible;
- * Not less than 2 x 2 inches nor more than 2 1/2 x 3 inches;
- * Clear, full face (head and shoulders only).

Photographs are acceptable in black and white or color with a light, plain background. Large photos which cannot be cropped are not acceptable. Enclose your photos in a plain envelope. Write the word "PHOTOS" and your name on the outside. Staple the envelope to the back of your application.



WHERE TO FILE YOUR APPLICATION PACKAGE

Submit your feeable application package to:

Federal Communications Commission
Radio Operator Permits
P. O. Box 358805
Pittsburgh, PA 15251-5805

Submit your duplicate/replacement request with fee to:

Federal Communications Commission
Feeable Correspondence
P. O. Box 358305
Pittsburgh, PA 15251-5305

Submit applications for NEW or MODIFICATION (Ship Radar and/or Six Months Service Endorsement) without fee to:

Federal Communications Commission
1270 Fairfield Road
Gettysburg, PA 17325-7245

Questions may be directed to our Consumer Assistance Branch by phoning (800) 322-1117.